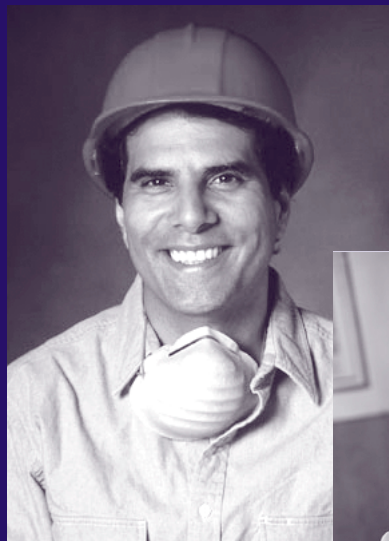


Changes in Job-Related Health Insurance, 1996-99

MEPS

MEPS Chartbook No. 10

Medical Expenditure Panel Survey



Plan offers

Enrollment

**Premiums
and employee
contributions**



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Agency for Healthcare Research and Quality

The estimates in this report are based on the most recent data available from MEPS at the time the report was written. However, selected elements of MEPS data may be revised on the basis of additional analyses, which could result in slightly different estimates from those shown here. Please check the MEPS Web site for the most current file releases—

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MEPS Chartbook No. 10 by:

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Suggested citation:

Branscome JM, Crimmel BL. Changes in job-related health insurance, 1996-99. Rockville (MD): Agency for Healthcare Research and Quality; 2002. MEPS Chartbook No. 10. AHRQ Pub. No. 02-0030.

executive summary

Offers and Enrollment

The portion of private-sector establishments offering health insurance rose from 52.9% to 58.4% from 1996 to 1999. In 1999, almost 90% of all employees worked in establishments that offered such coverage.

From 1996 to 1999, the percent of establishments offering health insurance rose, but the portion of private-sector employees actually eligible for such coverage fell. Even among eligible workers, insurance enrollment dropped.

In 1999, employees with coverage stood at 57.6% of all those working in the private sector, down from 60.1% in 1996.

Characteristics of Offers

About 30% of establishments offered their employees a choice of health insurance plans in 1999. This rate was up dramatically from 21.5% in 1996.

The percent of employees enrolled in exclusive-provider and any-provider plans declined from 1996 to 1999. Any-provider plans had the lowest enrollments for each year.

For both single and family plans, more workers were covered by mixed-provider arrangements than either other type, and the mixed-provider enrollment rates for both single and family coverage rose over the 4 years.

More workers were covered by family plans than single plans each year, but the portion with single coverage rose over the period.

The portion of establishments offering any plan not requiring an employee contribution to the premium fell to 48.5% for single coverage and 29.0% for family coverage over the 4 years.

Premiums and Employee Contributions

From 1996 to 1999, health insurance premiums rose 16.7% for single coverage and 22.3% for family coverage.

In 1999, the average annual single premium was \$2,325 and the average family premium was \$6,058.

Exclusive-provider plans had the smallest overall premium increases and the lowest annual premiums of the three plan provider types.

In general, employers maintained a relatively constant level of cost sharing with their employees over this 4-year period. While the dollar amounts paid by employees rose considerably, the percent of the total premium that they paid did not change much.

Definitions of Terms

Health insurance plan—An insurance contract that provides hospital and/or physician coverage to an employee or retiree for an agreed-upon fee (premium) for a defined benefit period.

Offer health insurance—To make available or contribute to the cost of any health insurance plan for current employees and/or retirees.

Premium—Agreed-upon fee paid for coverage of medical benefits for a defined benefit period, usually a calendar year. Premiums can be paid by employers, unions, employees, or shared by both the insured individual and the plan sponsor.

Single coverage—Health insurance that covers the employee only.

Family coverage—Health insurance that covers the employee and the employee's family. If a plan offers more than one arrangement for family coverage, premium information for a family of four is used.

Types of health care provider arrangements:

- **Exclusive provider**—Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered. Most health maintenance organizations (HMOs), individual practice associations (IPAs), and exclusive provider organizations (EPOs) are exclusive-provider plans.
- **Any provider**—Enrollees may go to providers of their choice with no cost incentives to use a particular subset of providers. Most conventional-indemnity plans are any-provider plans.
- **Mixed provider**—Enrollees may go to any provider but there is a cost incentive to use a particular subset of providers. Most preferred provider organization (PPO) and point-of-service (POS) plans are mixed-provider plans.
- **Managed care**—Exclusive providers plus mixed providers.

Establishment—A particular workplace or location.

Firm—A business entity consisting of one or more business establishments under common ownership or control. A firm represents the entire organization, including the company headquarters and all divisions, subsidiaries, and branches. A firm may consist of a single-location establishment, in which case the establishment and firm are identical.

Establishment characteristics—Attributes of an establishment that describe it or its employees. The following characteristics are discussed in this report.

Industry:

- Agriculture, fishing, and forestry.
- Mining.
- Construction.
- Manufacturing.
- Transportation, communication, and utilities.
- Wholesale trade.
- Retail trade.
- Finance, insurance, and real estate.
- Services.

Ownership:

- For profit, incorporated.
- For profit, not incorporated.
- Nonprofit.

Age of firm:

- Less than 5 years.
- 5-9 years.
- 10-19 years.
- 20 or more years.

Multi/single status:

- Two or more locations.
- One location only.

Percent full-time employees:

- Less than 25%.
- 25-49%.
- 50-74%.
- 75% or more.

Union presence:

- No union employees.
- Has union employees.

Percent low-wage employees:

- 50% or more low wage.
- Less than 50% low wage.

Firm size:

- Less than 50 employees.
- 50 or more employees.

Employee—A person on the actual payroll. Excludes temporary and contract workers but includes the owner or manager if that person works at the firm.

Full-time employee—A term defined by the respondent. Generally, a full-time employee works 35 to 40 hours per week.

Part-time employee—An employee not defined as full time by the respondent.

Low-wage employee—An employee who makes \$6.50 per hour or less.

Union presence—An establishment has a union presence if any of its employees are covered by a collective bargaining agreement.

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introduction

Job-related health insurance (insurance obtained through the workplace) is a key underpinning of the Nation's health care system. Because there is a lack of consistent, ongoing information about employer-sponsored insurance, there is limited understanding of this important topic.

The annual Medical Expenditure Panel Survey Insurance Component (MEPS IC), begun in 1996, fills much of this information void. It allows analysts to look at statistics for single years and to investigate trends in the data from year to year and for longer periods. At the time this report was prepared, MEPS IC estimates were available for 1996 through 1999.

Many factors influence whether workers and their families obtain health coverage through their jobs. They include whether coverage is offered to any employees in the workplace, whether the specific worker is eligible for coverage, the types of plans offered, premium costs, and required employee contributions. These factors can vary depending on establishment characteristics such as size, industry,

and type of employee (low wage, unionized, etc.).

This report looks at changes in job-related health insurance coverage in the private sector over the period 1996-99. Section 1 discusses the extent to which employers offered coverage over the 4 years, as well as enrollment rates of workers. The next section looks at the types of plans offered and the extent to which coverage was available without the employee having to contribute to the premium cost. Finally, the cost of coverage—both overall and any employee share—is analyzed in the last section. Single and family plans are discussed separately.

data in this report

The data in this report come from the private-sector sample of the Medical Expenditure Panel Survey Insurance Component (MEPS IC), conducted for the Agency for Healthcare Research and Quality by the U.S. Census Bureau. The MEPS IC is an annual survey of private-sector establishments and State and local governmental units that was first conducted for 1996. It provides estimates of job-related insurance both at the national level and at the State level for 40 States in any given year. The data shown in this chartbook refer exclusively to responding private-sector establishments and their employees and are drawn from more detailed tables that appear on the MEPS Web site at:

www.meps.ahrq.gov/data_pub/ic_toc.htm

The private-sector sample size for the MEPS IC survey was approximately 39,000 sample units for each of the 4 years covered in this report. However, the final sample size for each year varied based on the survey nonresponse

rate, which ranged from 68% to 75% over the 4-year period; the number of out-of-scope units; and the number of additional sample units purchased by State agencies, if any, to augment the total sample size for their State. For more information on the MEPS IC sample design and weighting structure, see *MEPS Methodology Report No. 6* (Sommers JP. List sample design of the 1996 Medical Expenditure Panel Survey Insurance Component. Rockville (MD): Agency for Health Care Policy and Research; 1999. AHCPR Pub. No. 99-0037).

In this report, “establishment” refers to a particular workplace or location. “Firm” refers to a business entity consisting of one or more establishments under common ownership or control. “Single coverage” refers to insurance that covers only the employee. “Family coverage” is for the employee and the employee’s family. If a plan offers more than one arrangement for family coverage, the survey asks for premium information for a family of four. Please refer to the

Definitions of Terms shown on page iii for additional definitions.

When looking at the premium data shown here, do not assume that all health insurance plans have a standardized package of benefits. Because plans offer various benefits, higher premiums may indicate that a plan offers more generous benefits. The variations in premiums also may reflect differences in medical costs, enrollment patterns, State regulations, and plan types.

Unless otherwise noted, only differences that are statistically significant at the 0.05 level are discussed in the text. In some cases, totals may not add precisely to 100% because of rounding.

Besides the Insurance Component, MEPS includes components on households and medical providers. Based on all of its components, MEPS provides detailed nationally representative data on health status, health care use and expenses, and health insurance coverage of individuals and families in the U.S. civilian noninstitutionalized population. More information on the other MEPS components can be found on the Web at:

www.meps.ahrq.gov

section 1

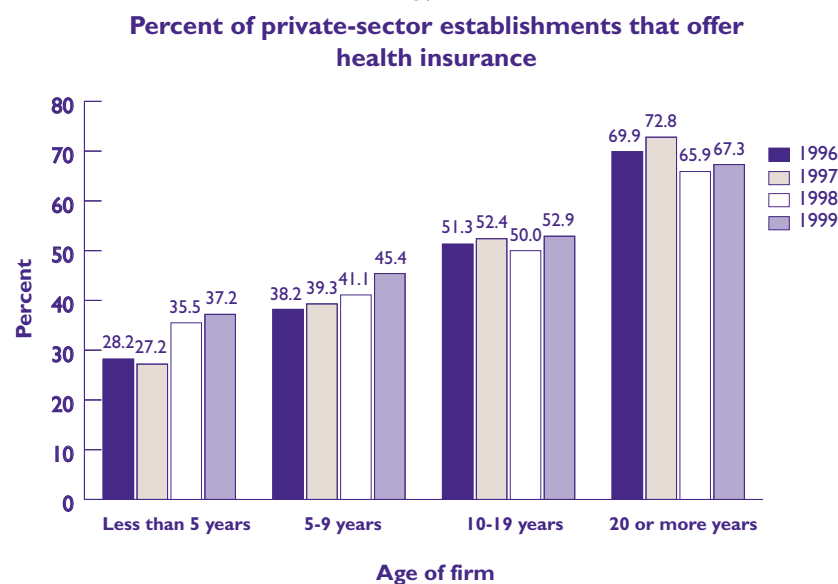
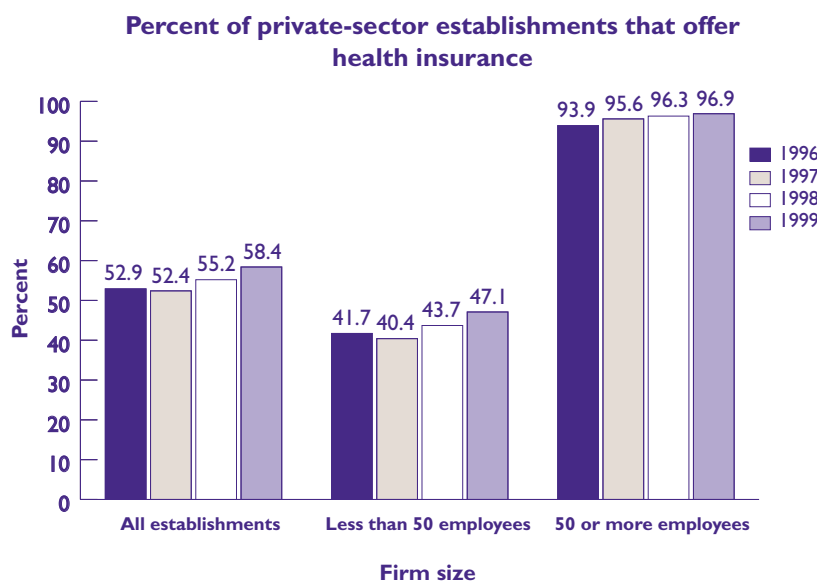
Offers and Enrollment

One of the most important statistics concerning employer-provided health insurance is how many workers actually have coverage. However, understanding and analyzing such job-based coverage requires knowing the degree to which employers offer such coverage and how many workers are actually eligible to enroll. A person who works in an establishment that does not offer health insurance obviously cannot have such insurance, but neither can an individual worker who fails to meet some eligibility requirement, such as length of service with the employer or hours worked per year.

How did the percent of establishments offering health insurance change from 1996 to 1999?

The percent of private-sector establishments offering health insurance rose from 1996 to 1999. In 1996, 52.9% of establishments offered health insurance. By 1999, the proportion was up to 58.4%. Generally, the same trend toward increasing offer rates appeared regardless of size, industry, type of employee, or other establishment characteristic.

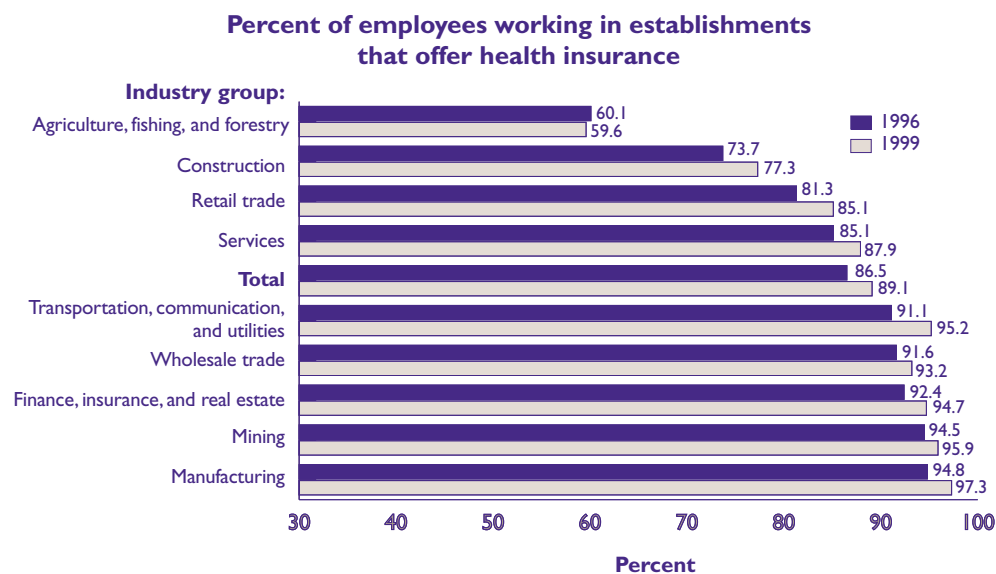
- For example, 41.7% of establishments in firms with less than 50 employees offered health insurance in 1996. That number climbed to 47.1% in 1999.
- For establishments in firms with 50 or more workers, the figures were 93.9% in 1996 and 96.9% in 1999. In general, the larger a firm's size, the more likely an establishment within the firm is to offer health insurance.
- One exception to the overall pattern occurred in older firms (20 or more years old). The percent of establishments in such firms offering health insurance declined from 69.9% in 1996 to 67.3% in 1999. However, despite the dip from 1996 to 1999, establishments in older firms still had a larger percent of establishments offering insurance than establishments in newer firms.



Was there a trend in the percent of employees working in establishments that offered health insurance?

The percent of employees who worked in establishments that offered health insurance increased from 1996 (86.5%) to 1999 (89.1%). There were some exceptions to this trend for specific establishment characteristics.

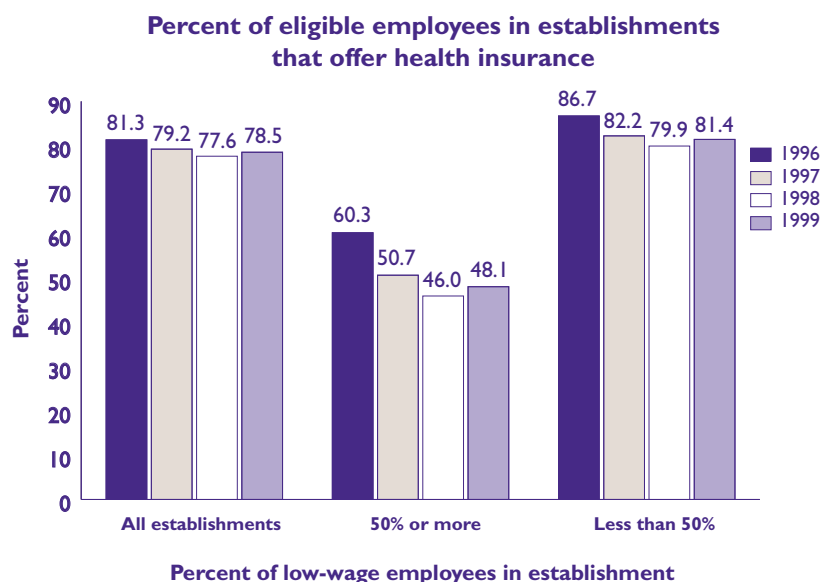
- Even with the increase, retail trade and services still were below the national average for 1999. Construction and agriculture, fishing, and forestry also fell below the national average.
- Only three industry groups showed a statistically significant increase—manufacturing, retail trade, and services.



Did the number of workers eligible for health insurance also increase?

Although the percent of employees working in establishments offering health insurance rose, the portion of workers who actually were eligible for coverage fell. In 1996, 81.3% of employees were eligible for insurance. This fell to 78.5% in 1999.

- In establishments where 50% of more of the employees were low wage, the proportion of eligible employees dropped to 48.1% in 1999, down from 60.3% in 1996.
- The percent of employees eligible for health insurance also declined in establishments with less than 50% low-wage workers. However, in 1999, the figure still stood at 81.4%.



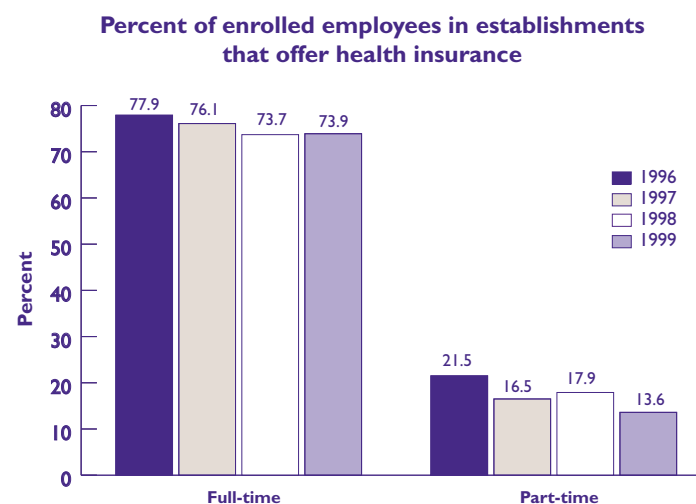
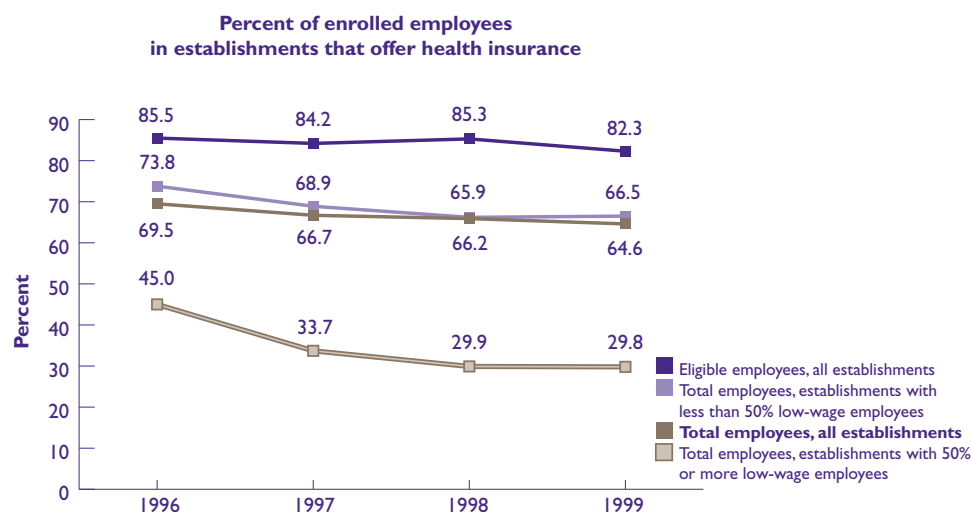
What percent of workers in establishments that offered health insurance were enrolled?

Within establishments offering health insurance, the percent of employees enrolled slipped from 69.5% in 1996 to 64.6% in 1999. During the same period, however, there were increases in the portion of establishments offering insurance and in the portion of employees working in those establishments.

- The proportion of full-time workers enrolled was down from 77.9% to 73.9% over the period. The proportion of part-time employees with coverage dropped by more than one-third (from 21.5% in 1996 to 13.6% in 1999).
- Workers in establishments where 50% or more of the employees

were low wage posted a dramatic decline in the percent enrolled—from 45.0% in 1996 to 29.8% in 1999.

- The percent actually enrolled of those who were eligible for coverage also fell—from 85.5% in 1996 to 82.3% in 1999.



section 2

Characteristics of Offers

There is substantial variety in the health insurance arrangements that employers make available to their workers. An employer might offer only one type of plan or more than one type. Additionally, an employer can choose to pay the full premium or require its employees to contribute to the plan cost. The options offered by employers are important when examining the coverage that workers ultimately obtain.

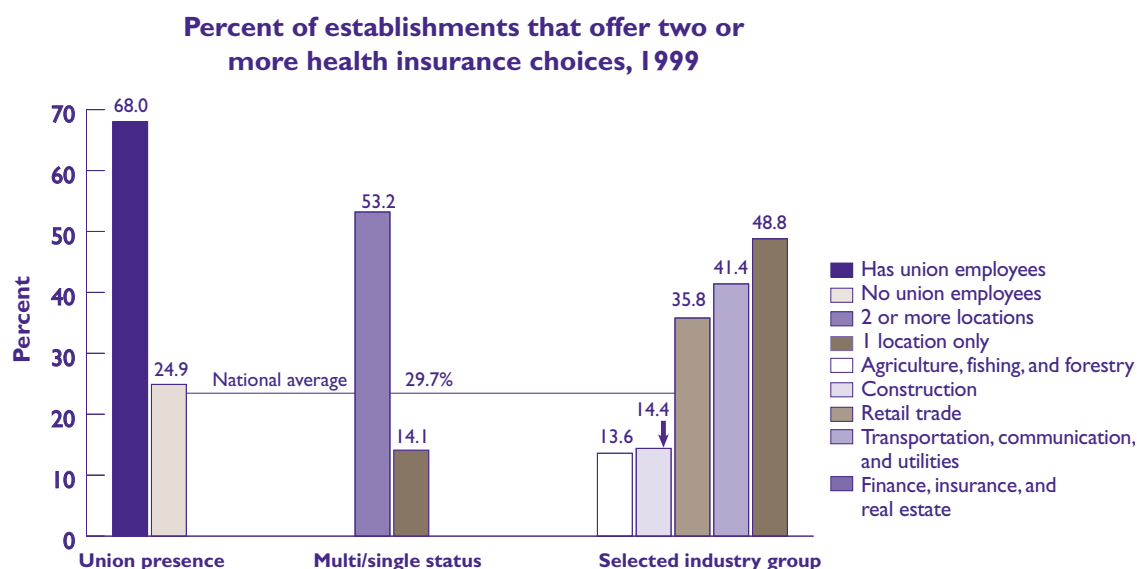
How common was it for employers to offer a choice of health insurance plans?

Slightly less than 30% of establishments offering health insurance gave their employees two or more health insurance options in 1999. This rate was up substantially from 1996, when only 21.5% (not shown) offered multiple plans. Breakdowns by establishment characteristics matched the overall trends.

Note that establishments having more than one plan may be offering different types of insurance to separate groups of workers rather than giving a choice of plans to workers within a group. For instance, if salaried employees and hourly workers are offered different health insurance coverage, it counts as two

plans even though no individual employee has a choice of plans.

- In 1999, establishments that were part of firms with more than one location; those with a union presence; and those in the industry groups transportation, communication, and utilities and finance, insurance, and real estate were much more likely than average to offer more than one plan.
- The percent of employees working in establishments offering multiple plans also jumped—from 43.5% in 1996 to 56.2% in 1999 (not shown).



What type of health insurance plan was most frequently selected?

For both single and family coverage, an employee was much more likely to be enrolled in a mixed-provider plan than in either of the other types. This held true over the three years from 1997 to 1999. (Data for 1996 were not available.) The different type of health plans are described in the definitions at the beginning of this report.

In 1999, enrollment in mixed-provider plans stood at 59.4% for single coverage and 60.8% for family coverage.

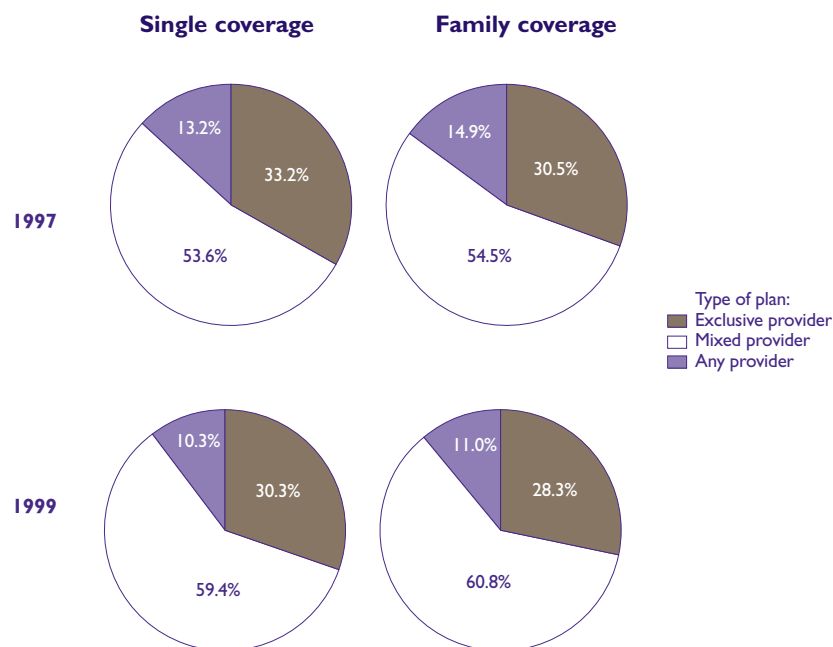
- Not only was mixed-provider the most common plan type, but the percent of total enrollees in those plans rose from 1997 to 1999. For single coverage, enrollment in mixed-provider plans stood at 59.4% in 1999, up from 53.6% in 1997. Similarly, mixed-provider

plans accounted for 60.8% of family coverage in 1999, up from 54.5% in 1997.

- Exclusive-provider plans—with enrollment at 30.3% of all single coverage and 28.3% of all family

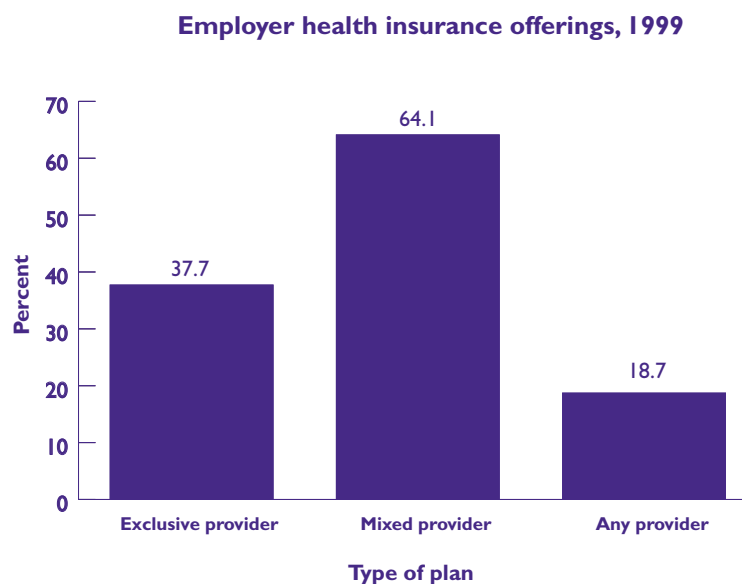
coverage in 1999—were the second most popular option each year. The percent covered under these plans went down slightly over the 3 years.

Employee health insurance enrollment



What type of health insurance plan was most frequently selected? (continued)

- Any-provider enrollment as a portion of the total was on the decline for both single and family coverage groups during the period.
- The share of employees enrolled in different types of plans was consistent with the relative rates at which establishments offered them. In 1999, for example, 64.1% of establishments offered a mixed-provider option, 37.7% had an exclusive-provider option, and 18.7% had an any-provider option. (The sum of these percents is greater than 100 because some employers offer more than one type of plan.)

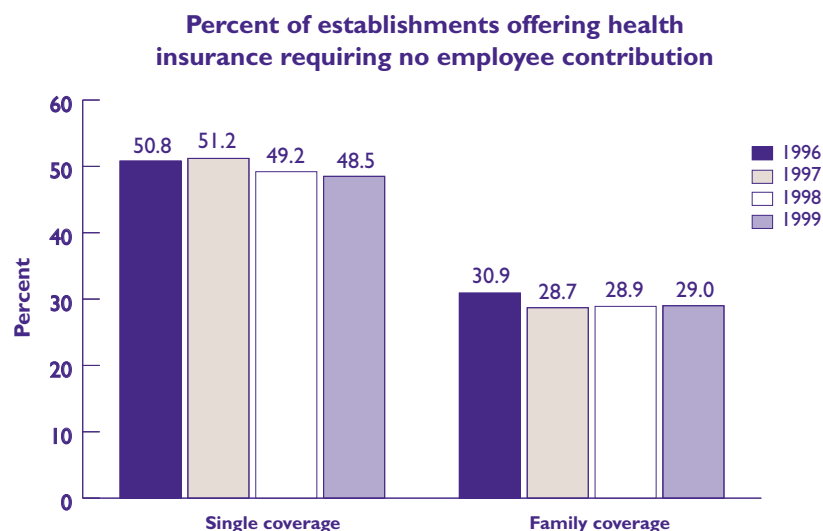


How often did establishments offer health insurance coverage that did not require an employee contribution?

In 1999, 48.5% of private-sector establishments offered their employees at least one health insurance plan that provided single coverage without an employee contribution to the premium cost. This percentage was down from 1996. Only 29.0% of establishments offered health insurance coverage for families without any employee

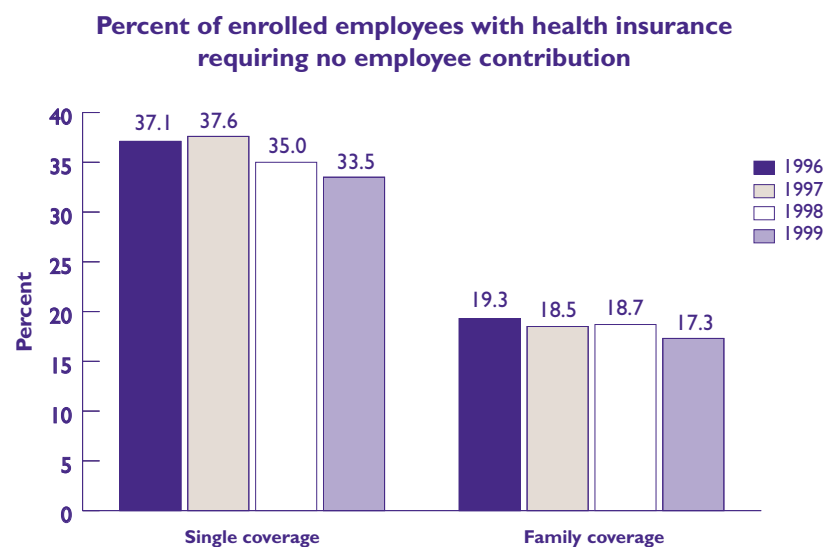
contribution in 1999. This figure also dropped from the 1996 rate.

- Among establishments offering single coverage that did not require an employee contribution, only any-provider plans (data not shown) were offered less frequently in 1999 (8.6%) than in 1996 (15.3%).
- The same pattern by plan type held true for family-coverage plans.



How often did establishments offer health insurance coverage that did not require an employee contribution? (continued)

- Actual enrollment in single-coverage plans not requiring an employee contribution—as a percent of all those with single coverage—declined over the 4-year period, going from 37.1% to 33.5%.
- There was no significant difference between 1996 and 1999 in the portion of enrollees with family coverage who were in plans not requiring a contribution from the worker.

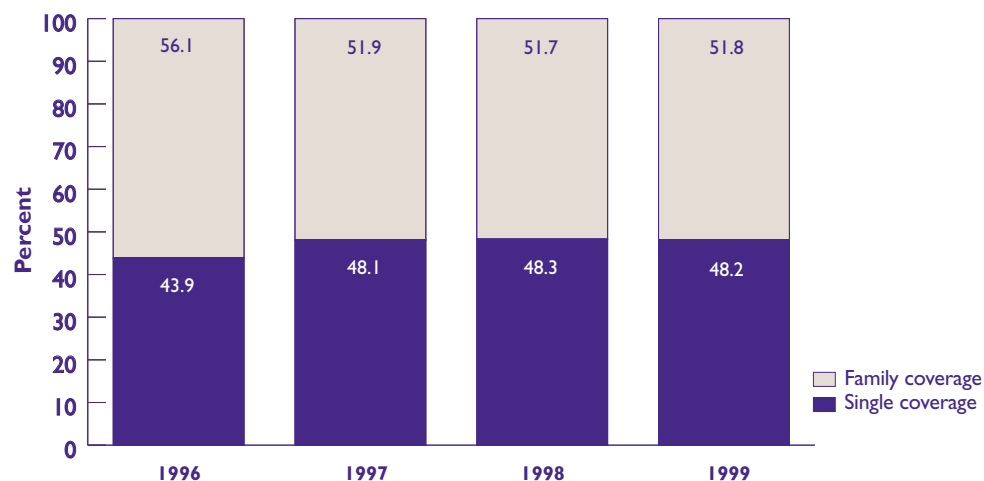


How does enrollment in single-coverage plans compare to enrollment in family coverage?

Not only were employees less likely to be enrolled in health insurance plans in 1999 than 1996, but there also was a shift in enrollment from family coverage to less expensive single coverage.

- Private-sector employees in single-coverage health insurance plans rose from 43.9% of the total enrolled in 1996 to 48.2% in 1999. Most of this change occurred from 1996 to 1997, when single enrollment rose to 48.1%.
- Conversely, workers enrolled in family coverage declined from 56.1% of the total to 51.8%.
- These changes were across the board, encompassing all industry groups, employee types, and other attributes.

Percent of enrolled employees with single or family coverage



section 3

Premiums and Employee Contributions

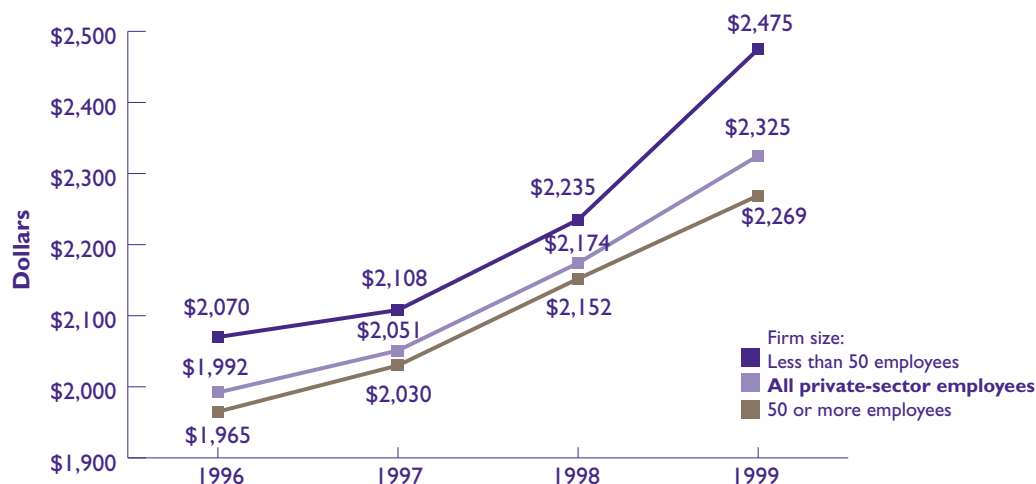
The cost of health insurance—both to the employers offering coverage and to their employees who may pay part of that expense—plays a critical role in determining who ultimately is covered. The key cost factor is whether coverage is for the employee only or also encompasses members of the employee’s family. Health insurance premiums also vary appreciably based on the characteristics of the employer and of the health plan itself. Amounts that workers have to contribute in order to receive coverage also vary widely. During the 1996-99 time period covered by this report, both premiums and employee contributions were on the rise throughout the United States, but they were not increasing at the same rate for everyone.

How fast have health insurance premiums for single coverage been rising?

Total health insurance premiums are the fees paid for coverage of medical benefits over a defined benefit period. Either the employer or the employee can pay the premium for job-related coverage in its entirety, or the cost can be shared by both.

- Average annual health insurance premiums per enrollee for single coverage rose 16.7% during the period. The average annual premium increased from \$1,992 in 1996 to \$2,325 in 1999, with the largest percent increase (6.9%) occurring in the most recent year.
- Average premiums were higher for establishments in small firms (less than 50 employees) than for establishments in firms with 50 or more employees. This difference was observed in each year of the 1996-99 period but was most pronounced in 1999.

Average annual premium for single-coverage health insurance



What types of establishments had the highest single premiums?

While health insurance premiums increased across the board during the period 1996-99, certain types of employers consistently reported higher premiums than others. Even among establishments with similar characteristics, premiums can vary for a number of reasons, including the generosity of the health plan benefits, the physical location of the establishment, and the age and health status of the workforce. For example, insurance premiums vary significantly across States.¹

- Establishments where there was a union presence had higher premiums per enrollee than nonunion establishments. In 1999, the average annual

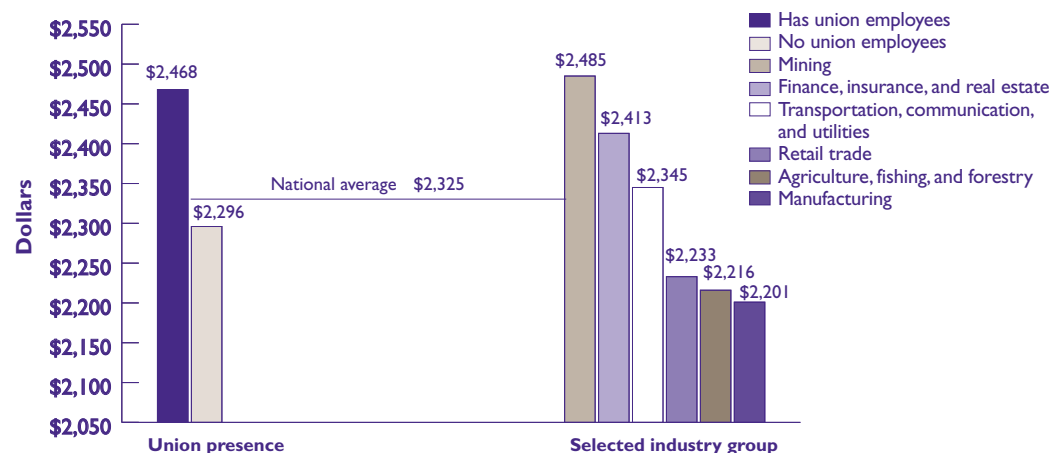
premium for employers with a union presence was \$2,468, while the comparable premium for nonunion establishments was \$2,296.

- Premiums have been above the national average during this 4-year period for health insurance plans offered by the following industry groups: mining; finance,

insurance, and real estate; transportation, communication, and utilities.

- Premiums have been below average in these industry groups: retail trade; agriculture, fishing, and forestry; manufacturing.

Average annual premium for single-coverage health insurance, 1999

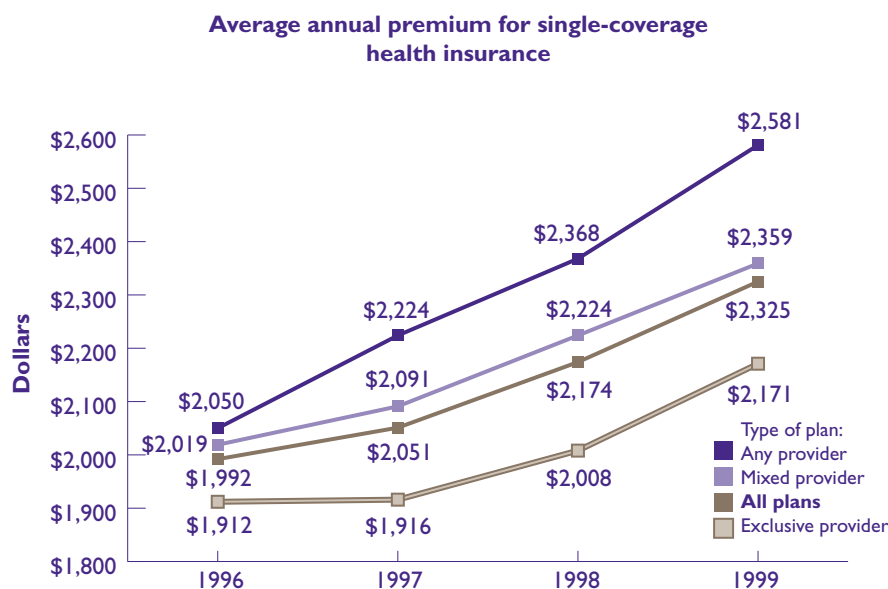


¹Information on State differences is given in *MEPS Chartbook No. 7* (Branscome JM, Brown E. State differences in job-related health insurance, 1998. Rockville (MD):Agency for Healthcare Research and Quality; 2001. AHRQ Pub. No. 01-0036).

Did single premiums rise equally fast for all types of health insurance plans?

One of the most important factors determining the health insurance premium is the type of providers covered by the plan. Premiums increased from 1996 to 1999 regardless of the type of provider arrangement offered by the plans, but they increased at different rates.

- Plans that allow enrollees to go to any provider had the largest increase in single premiums during this period (25.9%) and had the highest annual single premium of the three groups (\$2,581 in 1999).
- Plans that require enrollees to use an exclusive set of in-plan providers had the smallest overall increase (13.6%) and had the lowest annual single premium of the three groups (\$2,171 in 1999).
- Plans that provide a list of preferred providers but allow enrollees to go to providers outside the plan (at a higher cost) had premium increases for single coverage that were in between those for exclusive-provider plans and any-provider plans. Over the 4-year period, single premiums for mixed-provider plans increased 16.9%. The annual single premium for these plans in 1999 was \$2,359.

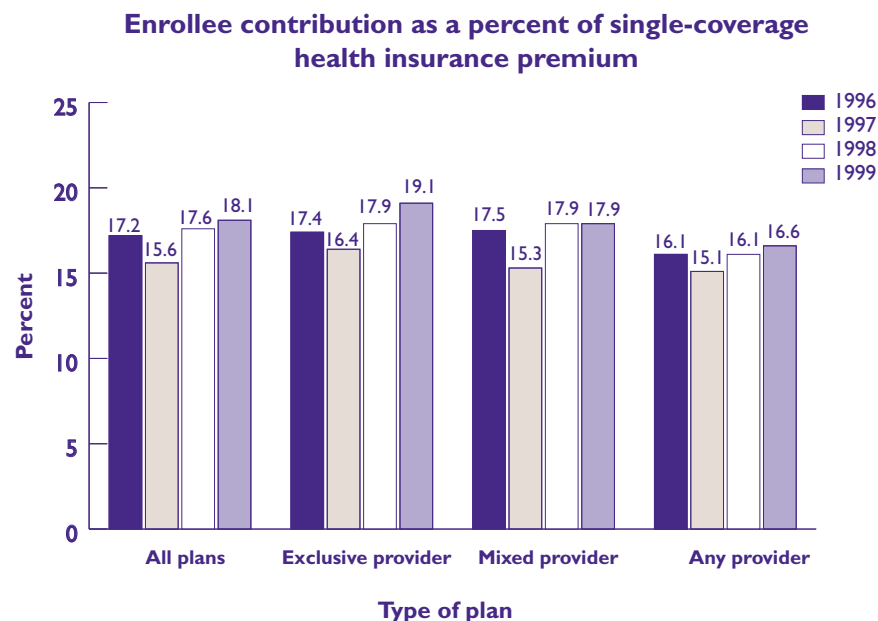


Have the enrollee contributions for single coverage changed?

While some job-based health insurance premiums are paid entirely by the employer, the most common arrangement is for the premium cost to be shared by the employer and enrolled employees. As premiums increase, one way that employers can reduce their rising burden is by asking the employees to pick up a larger amount of the premium.

- Employers, in general, maintained a relatively constant level of cost sharing with their employees who were enrolled in single-coverage plans over this 4-year period. While the average annual dollar amount paid by employees rose from \$342 to \$420, as a percentage of the total premium, the increase was less than 1 percentage point (from 17.2% to 18.1%).

- Employee contributions jumped from 17.4 to 19.1% of the premium for exclusive-provider plans, the only plan type that experienced a significant increase over this time period.



In what types of establishments did employees contribute the most for single coverage?

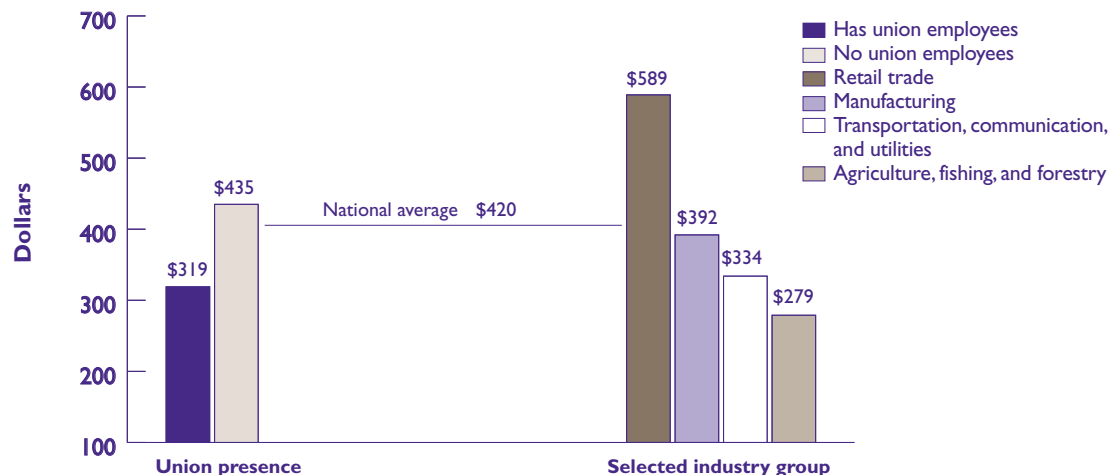
Employee contribution rates can vary because of a number of different employer or employee characteristics.

- Establishments with a union presence required a smaller contribution from plan enrollees. In 1999, establishments with a union presence required an average employee contribution of

\$319 (12.9% of the total premium), while nonunion establishments required an average contribution of \$435 (18.9% of the total premium).

- The retail trade industry group required a larger dollar enrollee contribution than the all-industry average.
- Lower than average dollar contributions from their employees were the norm in the following industries:
 - Manufacturing.
 - Transportation, communication, and utilities.
 - Agriculture, fishing, and forestry.

Enrollee contribution to single-coverage health insurance premium, 1999



How fast have health insurance premiums for family coverage risen?

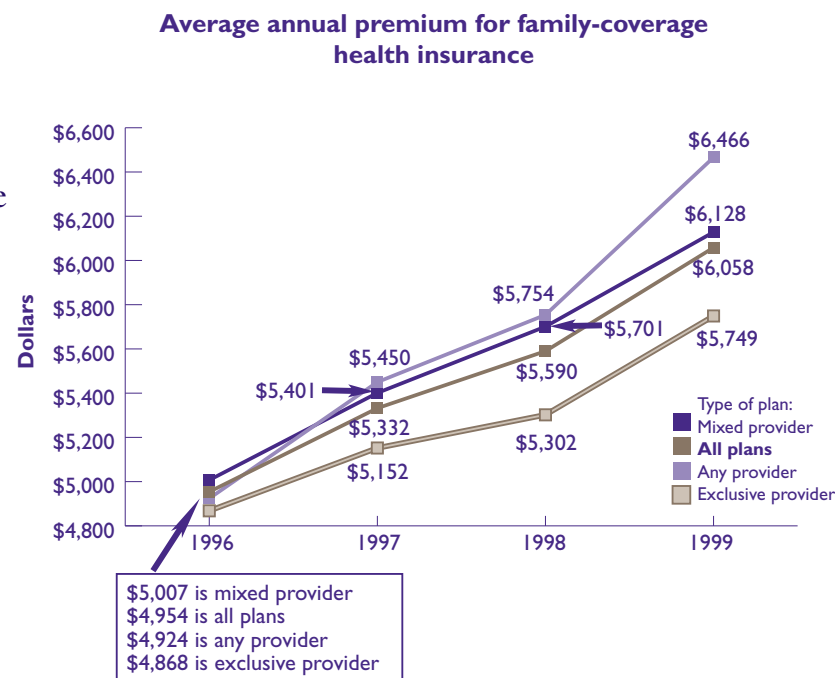
Average premiums for family coverage in health insurance plans increased considerably during the period 1996-99, and they increased regardless of the type of provider arrangement covered by the plans.

- The average annual family premium increased from \$4,954 in 1996 to \$6,058 in 1999. This 22.3% increase was higher than the increase for single premiums (16.7%) over the same time period.
- Plans that allow enrollees to go to any provider had the largest family premium increases during this period (31.3%) and had the highest average annual family premiums of the three groups (\$6,466 in 1999).
- Plans that require enrollees to use an exclusive set of in-plan providers had the smallest overall

increase (18.1%) and had the lowest average annual family premiums of the three groups (\$5,749 in 1999).

- Plans that provide a list of preferred providers but allow enrollees to go to providers outside the plan (at a higher cost) had premium increases for family coverage that were greater than those of the exclusive-

provider plans but less than those of the any-provider plans. Over the 4-year period, family premiums for these mixed-provider plans increased 22.4%. The average annual family premium for these plans in 1999 was \$6,128.



What types of establishments had the highest family premiums?

Family premium costs varied greatly depending on industry group.

- Family premiums were above the all-industry average for health insurance plans offered by the following industry groups:

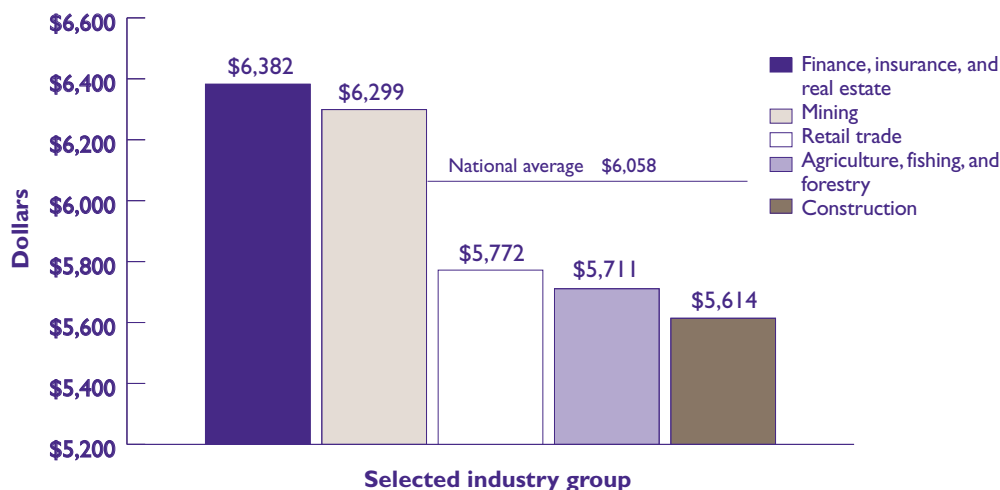
- Finance, insurance, and real estate.
- Mining.

- Premiums have been below average in these industries:

- Retail trade.
- Agriculture, fishing, and forestry.
- Construction.

- Unlike single premiums, family premiums did not vary significantly by size of firm or presence of a union.

Average annual premium for family-coverage health insurance, 1999



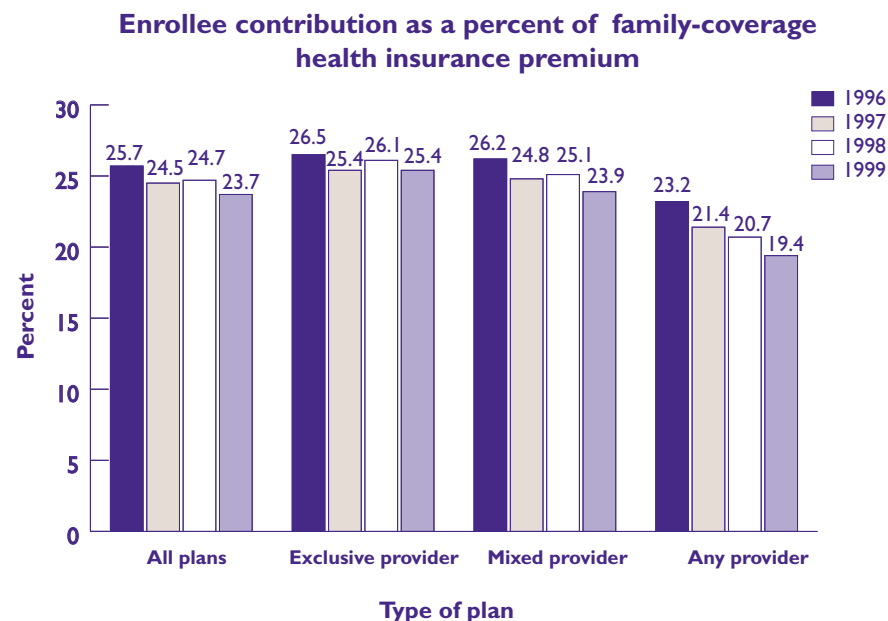
Have employee contributions for family coverage risen at the same rate as the premiums?

The average amount paid by enrollees for family coverage increased significantly, from \$1,276 (not shown) to \$1,438 over this 4-year period. But the percentage of the total premium paid by the employees actually decreased by 2 percentage points, from 25.7% to 23.7%.

- Only exclusive-provider plans failed to show a significant decrease in the employee contribution percentage over this 4-year period.
- The dollar amount of the employee contribution (not shown) for family coverage did **not** rise significantly over the 4-year period for any-provider plans but did rise for both exclusive- and mixed-provider plans.

- Since family-coverage premiums are much higher than single-coverage premiums, most employers require that employees contribute more toward family coverage, both in terms of the dollar amount and as a percentage of the total premium.

For example, in 1999, the average employee contribution for family coverage was \$1,438 (23.7% of the premium) compared with \$420 (18.1% of the premium) for single coverage.



In what types of establishments did employees contribute the most for family coverage?

Employee contribution rates vary because of a number of different employer or employee characteristics.

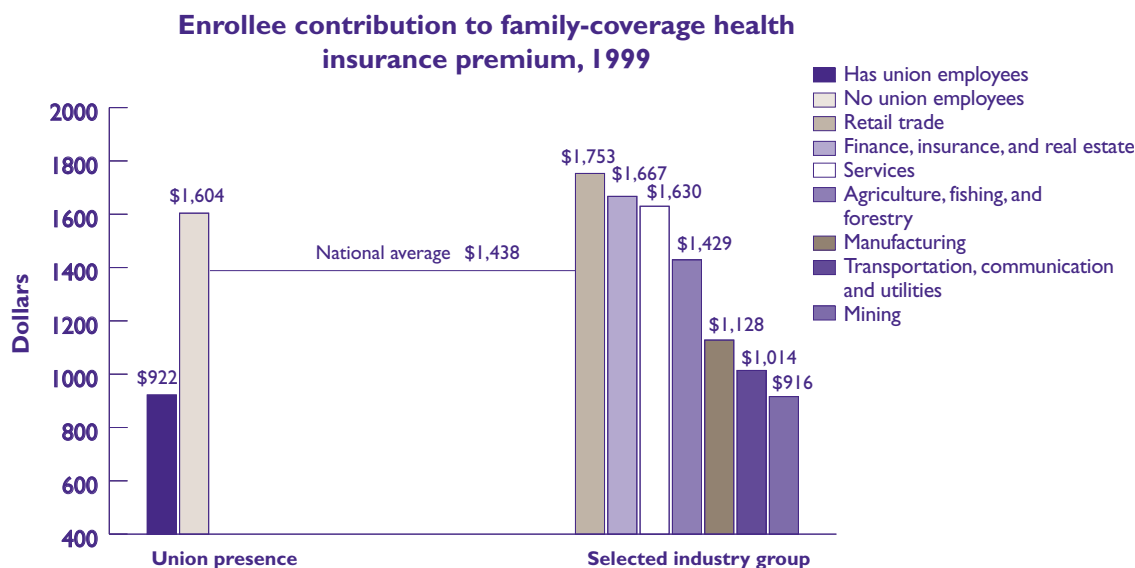
- For each year of the survey, establishments with a union presence required a lower contribution for family coverage from plan enrollees. In 1999, establishments with unions

required an average employee contribution of \$922 (15.0% of the premium), while nonunion establishments required an average contribution of \$1,604 (26.6% of the premium).

- Enrollee dollar contributions for family coverage have been above the all-industry average for health

insurance plans offered by the following industry groups:

- Retail trade.
- Finance, insurance, and real estate.
- Services.
- Lower than average dollar contributions from employees were required in the following industries:
 - Agriculture, fishing, and forestry.
 - Manufacturing.
 - Transportation, communication, and utilities.
 - Mining.



looking ahead

Future MEPS Data on Job- Related Health Insurance

Annual MEPS data on job-related health insurance for the years 1996 through 2000 are currently available on the MEPS Web site.

The Insurance Component of MEPS is conducted annually. As additional years of data become available, changes in plan offerings, enrollments, and costs of employer-sponsored health insurance can be studied in greater detail.

U.S. Department of Health and Human Services
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Agency for Healthcare Research and Quality
2101 East Jefferson Street, Suite 501
Rockville, MD 20852

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www.ahrq.gov
AHRQ Publication No. 02-0030
July 2002

ISBN 1-58763-119-9
ISSN 1531-5649